

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231	Attorney Docket No	HORN3002/EM/6663
	First Named Inventor (or identifier)	Alex HORNG et al.
	Total Pages	27



Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **Double Sensing Face Motor Structure**

1. Submitted herewith are the following:

12 pages of specification, including Claims and Abstract

6 sheet(s) of formal drawings (Figs. 1-8)

10 claim(s).

1 Oath/Declaration signed by each inventor.

0 Preliminary Amendment.

0 Information Disclosure Statement(s).

0 pages of Form PTO-1449, and one copy of each document listed thereon.

1 Assignment of the invention, Cover Sheet, and payment of the \$40.00 recordal fee.

0 certified copy of application no. _____ filed in _____. Priority is claimed.

1 check in the amount of \$750.00 including any assignment recordal fee.

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --

6. Other: Application Data Sheet

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$710.00		
Total Claims:	10	- 20 =		X \$18 =			
Independent Claims:	1	- 3 =		X \$80 =			
Correspondence Address BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$270.00):				
			Subtotal:			710.00	
			50% Reduction if Small Entity Status.				
Phone: 703-683-0500		Fax: 703-683-1080		Total:	710.00		
Date:	Name:			Signature:	Reg. No.		
April 4, 2001	Eugene Mar				25,893		

(16OCT00)

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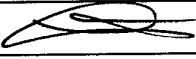
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